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FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization	2008 FEB 19 AM	FORM DR-1	STATEMENT OF
☐ This is an amended* Statement of Organization  "An initial Statement of Organization must be filed within 10 days of the commaking expenditures, or incurring indebtedness exceeding \$750. Amendma change. Penalties may be imposed for late-filed Statements of Organization multiple that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office sou	ents must be tiled within 30 days of lion. A candidate with an open	(Rev. 01/2006) For Office Use C Comm. # Indexed Audited Computer	ORGANIZATION Only
COMMITTEE NAME \$ \$\psi \( \text{(A candidate's committee must include the candidate's last name in the name of the committee.)}  \[ \text{Visite} \\ Visi			
IMPORTANT: Indicate type of committee you are reporting for.  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)			
Name +	COMMITTEE CHAIR (manda		
Deborah L. Hntram Mailing Address +	Name Lovie A.K. Wade		
City, state + Zip code + + Zip	Malling Address + Fareway Drive  City, State + + Zip Code + + 57741		
Phone (563) 264-2959	Phone (513 260 - 1982		
e-Mail Tantram Dimuscant asm			
INDICATE PURPOSE OF COMMITTEE - Check One Box  Advocate for/against candidate(s)  Advocate for ballot issue(s)  All Candidates Enter:  Advocate against ballot issue(s)			
All Candidates Enter: Sheriff	County/Local Candidates an	d Local Ballot Com	mittees Enter:
Political Party (if applicable) Republican County: 1/1/45(a 1176) (If active in multiple ballot issue elections, attach list of counties			
District:	Date of Election:		
Bank Account Name  Candidate name & Address or Parent Entity (PACs, if applicable).			
Mike, Wall for Sharf  Name of Financial Institution/type of Account	Michael D.	filiate, or Sponsor W(100	assiroatie).
	Mailing Address ↓ ↓		
Rentral State Bank Checking	2209 Larewa		<u> </u>
2709 Fareury Drive	Muscerine		2ip + + 3276
2709 Fairury Drive	Muscentine, Phone 643, 529-92	State + + 1000 C	52761
2709 Fairury Drive- City + State + Zip + Thus Catche 1022 52761	MUSCOTINE, Phone 503, 529-92. e-Mail MI_W(CC)	State ↓ ↓	52761
2709 Fareury Drive	Phone 503) 529-92. e-Mail ML_W(dC)	subset i SO Macirli	52761 nk.Com
STATEMENT OF AFFIRMATION: By filing this document the committee affirm	Phone 603) 529-92. e-Mail	State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NCCOM  B and the administrative
STATEMENT OF AFFIRMATION: By filing this document the committee affirm the committee and all persons connected with the committee understand that the rules in Chapter 351 of the lowa Administrative Code.  2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosus subjects the candidate or chairperson (in the case of committees other than a candimposition of other criminal and civil sanctions.  3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that the	Phone 603) 529-02 e-Mail	State + +	D276  MCCM  B and the administrative the required due dates alty and the possible
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